having followed the obliteration of the abscess, he had left his former service, and become a railway clerk.

On the 9th of November last, Dr. Clark met this patient accidentally at the Crystal Palace; and so great, then, was the alteration in his appearance, that Dr. Clark failed at first to recognize him. He was unusually fat for so young a man—corpulent, in fact, and robust-looking. He declared himself to be in perfect health, and to have been so for some years. The pupils were still large, and the nails pink, long, and incurved.

Andral states, that only in one instance in which hæmoptysis had occurred to him—and even then the immediate cause of death—had he ever found the substance of the lungs free from tubercles. Louis, we need hardly say, gives an equally fatal tendency in 2,000 cases in which he made the inquiry, in later years, after the mode by Dr. Andrew Clark; but in 87 private cases under his care, 4 in 6 had hæmoptysis.

Pinel gives a singular case of hæmoptysis in a female, which occurred regularly every month, at the woman's monthly period, during forty-two years. It was originally caused by fright, and was always subsequently somewhat increased by strong mental excitement. When suspended for a month or two, the patient invariably suffered from intense headaches. She had usually before the hæmoptysis a sensation of weight and uneasiness about the lumbar region and pelvis; soon followed by chilliness, lassitude, oppression at the chest, headache, and ultimately a distinct sensation of stinging or bubbling in the bronchial tubes and trachea; then, finally, sharp cough, and spitting of blood. The woman was fifty-eight years of age when it stopped; she was stout and plump. what conditions here saved her from getting phthisis, like the patients of Andral or Louis, would be an interesting subject of speculation.

The older observers differ very materially as to the frequency of hemorrhage from the lungs in relation to tubercles. Hæmoptysis may precede tubercle for years and years, and even be almost forgotten, till the patient is reminded of it. The use of cod-liver oil, we believe, has very materially changed the rate of mortality and curability of phthisis of late years. Andral found in those dying of phthisis, in his time, that one in six had never had hæmoptysis at all; in two in six the hæmoptysis appeared to mark the development of tubercle as a *cause;* in the remaining number, or half the deaths in Paris from phthisis, it followed rather as a *consequence* from unequivocal phthisical disease, with diarrhœa and wasting, and a breaking up of the lungs into anfractuous sinuses and cavities.—*Lancet,* March 24, 1855.

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19. *Goitre in an Infant.*—Professor Simpson exhibited, at a meeting of the Medico-Chirurgical Society of Edinburgh (Feb. 7, 1855), a pathological specimen of great rarity and of much interest, as it satisfactorily disposed of not a few of the current theories as to the production of the disease. Mr. Syme, for example, was inclined to ascribe it to the fact that persons affected with the disease were compelled from their occupations to climb great heights, where the air was less dense, and who lived in valleys where there was an equal stagnation; others ascribe it to the use of snow-water, or of water impregnated with iodine. Now the specimen in question proved that goitre was not due to any of these influences. It had been obtained from a child which lived but a few hours after birth. When born, it was nearly asphyxiated, and it had only been kept alive by the presence of a catheter in the throat obviating the pressure of the mass. The brain was of small size, and was covered by a quantity of watery fluid, on the removal of which the brain was found to occupy only the posterior segment of the cranial cavity. The mother was an Italian by birth, and had never suffered from the disease. She had had seven dead children and three living. The cause of this mortality was diseased placenta; and latterly she had taken large quantities of chloride of potass with good results. No other malformation was ever observed in her other children. In the present instance, labour was brought on at the eighth month by the passage of a probe between the membranes, as the child's heart was observed to beat slowly. The enlargement of the neck had the same influence in throwing the head back as the arm of the child when placed under the chin; the labour in consequence was tedious.

Dr. Keiller had met with a similar case nine months ago, and the child, he was happy to state, was still alive. The mother came from the neighbourhood of Cockermouth, where he (Dr. Keiller) believed goitre was prevalent; she had at one time of her life been affected with the disease. The tumour in the child's neck had become smaller since birth.

Dr. Simpson believed that there were different kinds of swellings met with in the necks of children. Large ranulæ were occasionally present from an enlargement of the salivary glands; a beautiful specimen of which existed in the late Dr. Hamilton's collection; the tumour was fully half the size of the child's head. He had himself seen two other cases which occurred in the old town of Edinburgh, both of which proved speedily fatal from the gradual enlargement of the ranulæ.—*Monthly Journ. Med. Sci.*, April, 1855.

20. *Peculiar Concretions in Typhus Stools.*—Zimmerman has repeatedly observed in the stools of typhus patients considerable numbers of peculiar concretions, which varied in size from that of a large Turkish to that of a common white bean. He considers that there exists some relation between them and the millet-seed-like white corpuscles which, it is known, are found in typhus stools. The concretions varied in form and appearance; some were round, others spherical; some were smooth, and others rough on the surface. They were of a yellowish-white colour, of tolerably firm consistence, but capable of being crumbled between the fingers. When chemico-microscopically examined, they were found to contain, besides large numbers of epithelial cells, various fatty matters (1,000 parts contained 237.8 of solid residue, and 156.9 of fats), among which there was almost no cholesterine; they also contained biliary constituents—a sort of albuminous substance, which Zimmerman believes to be casein and fibrin; and finally various salts (viz: sulphates, carbonates, and phosphates of soda; chloride of sodium, and earthy phosphates). The concretions differ from the corpuscles in their containing protein compounds, while the others consist of fat, with merely a little earthy matter. In the concretions, the mineral ingredients are to the organic in the proportion of 1 to 17; in the feces they are as 1 to 1; the former contain little chloride of sodium, while in the latter, this salt exists in large proportions—constituting nearly a third of the whole.

Sigmund found similar fatty concretions in the feces of a lady affected with biliary derangement (*Med. Chemie*); and Kletzinsky (*Heller's Archiv.*, I., 1853) found similar fatty matter in the cæcum of a person who had died of typhus, which was deficient in cholesterine, but contained biliary matters, intestinal mucus, and various salts, especially earthy phosphates.—*Monthly Journ. of Med. Sci.*, March, 1855, from *Deutsche Klinik.*, 28, 1853.

21. *Perforation of the Septum Cordis.*—Prof. Hauska, having had a heart sent him, as furnishing an example of the aorta arising in both ventricles, found, on examination, that the appearance of this being the case arose from the septum of the ventricles having become perforated. He takes the opportunity to draw attention to an anatomical fact, allusion to which he can nowhere find, viz: that there is in the normal state a spot in the septum cordis, varying in size from a bean to an almond, entirely destitute of muscular substance; the two chambers being there separated only by the layers of endocardium that line them. Examining the septum from the left, after slitting up the aorta, we may remark a thin diaphanous spot, close under the angle formed by the convex borders of the right and posterior semilunar valves of the aorta, being closed above by a thin muscular bundle, coursing along the contour of the ostium arteriosum sinistrum. In the right ventricle the deprivation of muscular substance is covered by the end of the tricuspid valve; and so thin is the duplicature of the endocardium, that the lines and markings of the finger held under it can be seen through. M. Hauska observed the appearance himself only a year since; but since then he has found it in every heart (about 300) he has examined, of whatever age or sex.

This appearance is of great interest in a pathological point of view. In endocarditis, the endocardium becomes loosened and friable, and it is not seldom